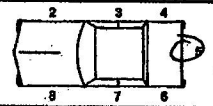
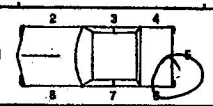


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>14-15508</b>		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				
REPORT TAKEN <input checked="" type="checkbox"/> AT SCENE	STATION	NO OF VEH PEDESTRIANS INVOLVED <b>2</b>		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON				DATE OF CRASH <b>09 07 2014</b>		DAY <b>Sunday</b>	TIME: MILITARY <b>1449</b>	
CRASH OCCURRED ON <b>1530 Walmart Dr., Lebanon, Ohio 45036</b>						WITHIN THE INTERSECTION OF						
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE <b>8321</b>		
LOG-1		LOG-2		LOC JUR FH9 FILT								
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>1</b>		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT <b>Berry Insurance</b>						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Carter, Thomas W.</b>						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>2340 Oregonia Rd., Lebanon, Ohio 45036</b>						
PHONE NO. <b>513-532-7138</b>		BIRTH DATE <b>08 26 1942</b>		AGE <b>72</b>	SEX <b>M</b>	SOCIAL SECURITY NO.		STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>RT136021</b>		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Lebanon Electric Supply</b>						ADDRESS <b>602 E. Main St., Lebanon, Ohio 45036</b>						PHONE <b>513-932-4051</b>
VEH YR <b>2014</b>	MAKE <b>Jeep</b>	MODEL <b>Wrangler</b>		COLOR <b>Silver</b>	STYLE	STATE <b>OH</b>	LICENSE PLATE NO. <b>GCT2171</b>		TOWING SERVICE	VEH/PED DIR FROM TO		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
8	UNIT NO. <b>2</b>	NO OF OCCUPANTS <b>1</b>		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT <b>Grange Insurance</b>						
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Mason, Angela M.</b>						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>106 Lawndale Ave., Lebanon, Ohio 45036</b>						
PHONE NO. <b>937-474-4413</b>		BIRTH DATE <b>09 18 1978</b>		AGE <b>35</b>	SEX <b>F</b>	SOCIAL SECURITY NO.		STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>RG941541</b>		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>						ADDRESS						PHONE
VEH YR <b>1999</b>	MAKE <b>Toyota</b>	MODEL <b>Camry</b>		COLOR <b>White</b>	STYLE	STATE <b>OH</b>	LICENSE PLATE NO. <b>FJB5257</b>		TOWING SERVICE	VEH/PED DIR FROM TO		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m   D   Y		AGE	POSITION A B C D E F		INJURIES A B C D E F			
		ADDRESS		PHONE		SEX	1 1		5 5			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m   D   Y		AGE	7		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
		ADDRESS		PHONE		SEX	7		CONDITION A B C D E F			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m   D   Y		AGE	P-PEDESTRIAN		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN			
		ADDRESS		PHONE		SEX	RESTRAINTS A B C D E F		ALCOHOL A B C D E F			
		NAME (LAST, FIRST, MI)		BIRTH DATE m   D   Y		AGE	8 8		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			
		ADDRESS		PHONE		SEX	1 1		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
A	B	C	INJURED TAKEN TO		By		A B C D E F		A <input type="checkbox"/> YES B <input type="checkbox"/> YES 1 <input checked="" type="checkbox"/> NO 1 <input checked="" type="checkbox"/> NO TESTED TESTED			
D	E	F	INJURED TAKEN TO		By		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		A <input type="checkbox"/> YES B <input type="checkbox"/> YES 1 <input checked="" type="checkbox"/> NO 1 <input checked="" type="checkbox"/> NO TESTED TESTED			
A		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		EJECTION A B C D E F		DRUGS A B C D E F		
A		ORC CITY ORD		ORC CITY ORD		ORC CITY ORD		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG		
O		ORC CITY ORD		ORC CITY ORD		ORC CITY ORD		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG		
RECEIVED CALL <b>1149</b>		DISPATCHED <b>1150</b>		ARRIVED <b>1154</b>		CLEARED <b>1205</b>		OTHER TIME <b>0030</b>		TOTAL MINUTES <b>0046</b>		
DATE REPORT FILED <b>09 07 2014</b>		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME <b>Stewart</b>		BADGE NO. <b>120</b>		CHECKED BY				